

## Medical Direction Training: Transmittal Form

PURPOSE: *This form is to be used to transmit your medical direction training certificate or request for the Board to review your previous training/education to document compliance with 24.156.2732 Medical Direction.*

***Please Print:***

Name (first, last): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email address: \_\_\_\_\_ ☐ *please add me to the Medical-Director-List-Serve  
to receive updated information as it becomes available*

License Number: \_\_\_\_\_

Name of EMT service in which you'll be providing **medical direction** for: *(list all that apply):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ I have **attached my certificate** from the web based EMT Medical Director Training Program

☐ I would like **to request** that the Board review my previous training/education concerning EMT Medical Director Training. I have attached documentation for their review.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you, if you have any questions concerning this "transmittal letter" or medical direction requirements of the Board; feel free to contact Ken Threet at 406-841-2359 or [kthreet@mt.gov](mailto:kthreet@mt.gov).